

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001025

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3020 Registrar's No. 11

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gasconade | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington | | c. CITY OR TOWN Hermann Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. | | d. STREET ADDRESS (If outside, give location) 107 Market St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First CHARLES Middle CLAYTON Last SPAULDING | | 4. DATE OF DEATH Month Jan. Day 16 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE Cau. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-7-1886 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Grayford, Ind. |
| 13a. FATHER'S NAME John W. Spaulding | | 13b. MOTHER'S MAIDEN NAME Nancy Rogers | 14. NAME OF HUSBAND OR WIFE Nellie Croy Spaulding |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | | 16. SOCIAL SECURITY NO. 50 | |
| 17. INFORMANT Mrs. Ernest Slovensky--Hermann, Missouri | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) NEPHROSCLEROSIS DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 1 week | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROSIS, DIABETES MELLITUS | | PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Hermann, Mo |
| 21. I attended the deceased from 1-1-61 to 1-16-63 and last saw him alive on 1-15-63 Death occurred at 9:40 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | 22b. ADDRESS Hermann, Mo | |
| 22a. SIGNATURE (Degree or title) Carol T. Shaw, M.D. | | 22c. DATE SIGNED 1-16-63 | |
| 23a. BURIAL: CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-19-1963 | 23c. NAME OF CEMETERY OR CREMATORY Advance Cemetery | 23d. LOCATION (City, town, or county) (State) Advance, Missouri |
| 24. FUNERAL DIRECTOR BLUMER, INC.--Hermann, Missouri | | 25. DATE RECD. BY LOCAL REG. 1/16/63 | 26. REGISTRAR'S SIGNATURE Leola C. Huberman |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

JAN 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert W. Blum

Licensed Embalmer No.

5055

P. O. Address

Hermann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

